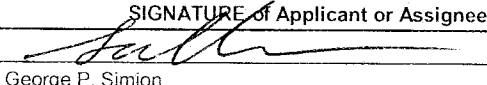


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Application Number		6,061,520 / 90/011,489	
		Filing Date		Issue Date: May 9, 2000	
		First Named Inventor		Frank YELLIN	
		Title		METHOD AND SYSTEM FOR PERFORMING STATIC INITIALIZATION	
		Art Unit		Not Yet Assigned	
		Examiner Name		Not Yet Assigned	
		Attorney Docket No.		154892800100	
I hereby revoke all previous powers of attorney given in the above-identified application.					
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">25226</div>					
<input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:					
Practitioner(s) Name		Registration Number	Practitioner(s) Name		Registration Number
Please recognize or change the correspondence address for the above-identified application to:					
<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number: OR <input type="checkbox"/> The address associated with Customer Number: <div style="float: right; border: 1px solid black; width: 200px; height: 20px; margin-top: 10px;"></div>					
<input type="checkbox"/> Firm or Individual Name					
Address					
City		State	Zip		
Country		Telephone	Email		
I am the:					
<input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____					
SIGNATURE of Applicant or Assignee of Record					
Signature				Date	03/11/11
Name		George P. Simion		Telephone	650-506-9997
Title and Company		Sr. Patent Counsel, Oracle America, Inc.			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.					